

FORM
5Rev
09/14

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
----	----	----	----

Document Number:

401222104

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 96850

Contact Name: Whitney Szabo

Name of Operator: TEP ROCKY MOUNTAIN LLC

Phone: (970) 263-2730

Address: PO BOX 370

Fax:

City: PARACHUTE State: CO Zip: 81635

API Number 05-045-17856-00

County: GARFIELD

Well Name: HOEPPLI

Well Number: RWF 321-36

Location: QtrQtr: SENW Section: 36 Township: 6S Range: 94W Meridian: 6

Footage at surface: Distance: 1548 feet Direction: FNL Distance: 1737 feet Direction: FWL

As Drilled Latitude: 39.485209 As Drilled Longitude: -107.839814

GPS Data:

Date of Measurement: 09/29/2009 PDOP Reading: 4.1 GPS Instrument Operator's Name: W. Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 289 feet. Direction: FNL Dist.: 2001 feet. Direction: FWL

Sec: 36 Twp: 6S Rng: 94W

** If directional footage at Bottom Hole Dist.: 282 feet. Direction: FNL Dist.: 1988 feet. Direction: FWL

Sec: 36 Twp: 6S Rng: 94W

Field Name: RULISON

Field Number: 75400

Federal, Indian or State Lease Number: CA COC53640

Spud Date: (when the 1st bit hit the dirt) 07/21/2010 Date TD: 07/29/2010 Date Casing Set or D&A: 07/31/2010

Rig Release Date: 08/30/2010 Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 8928 TVD** 8783 Plug Back Total Depth MD 8871 TVD** 8661

Elevations GR 6387 KB 6413 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL/MUD/RPM/Triple Combo

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	18	47.4	0	40	109	0	40	VISU
SURF	13+1/2	9+5/8	36	0	1,157	320	0	1,157	VISU
1ST	8+3/4	4+1/2	11.6	0	8,906	1,400	3,250	8,906	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WASATCH G	2,473				
MESAVERDE	4,859				Mesaverde top is the Ohio Creek top.
OHIO CREEK	4,859				Ohio Creek top is the Mesaverde top.
WILLIAMS FORK	5,060				
CAMEO	7,944				
ROLLINS	8,776				

Comment:

Please note: The "as-drilled" GPS information provided is actual data of the existing well conductor location prior to the big rig spud date.

*Logs have already been submitted to COGCC.

**The CBL PBDT (depth logger) is set at the same depth as the float collar, the float collar is set at 8871'.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Whitney Szabo

Title: Regulatory Tech

Date: _____

Email: wszabo@terraep.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
401222112	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401222111	Directional Survey **	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<u>Other Attachments</u>		
401222114	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
--	--	------------------------

Total: 0 comment(s)